

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/601,912</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
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Total Indep	4		1							
Total Depend	29		10							
Total Claims	33		11							